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CONFIRMATION NO. 3586

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10/587,911		112	3763	18879-023US1

APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/DK05/00060 01/28/2005

**** FOREIGN APPLICATIONS *******

DENMARK PA 2004 00123 01/29/2004

DENMARK PA 2004 00428 03/17/2004

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

08/23/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DENMARK	24	8	1

ADDRESS

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TITLE

Disposable Medicine Dispensing Device

FILING FEE RECEIVED 965	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit